

**EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 507**

- COVERING JANUARY 1 - JUNE 30, do - DUE AUGUST 15
 COVERING JANUARY 1 - DECEMBER 31 - DUE FEBRUARY 15

Mail to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70806
 OR
 Fax to: (225)763-8787 or (225)763-8780

111-Velis
 Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
 Postmark Date: 8/15/06

JKL 8/16

1. Name Velis Kristin M
 Last Kristin First M MI

3061048

2. Business Address: 12 Oak Allen Bl. L.A. 70806
 Street and No. 12 City Oak Allen State L.A. Zip 70806

Mailing Address: _____

3. Business Phone 225 927 6555
 Area Code and Telephone Number

4. Total of all executive lobbying expenditures made January 1 through June 30: \$ 188.48
 (Include expenditures from Schedules A and B)
5. Total of all executive lobbying expenditures made July 1 through December 31: \$ n/a
 (When Applicable) (Include expenditures from Schedules A and B)
6. Total of all executive lobbying expenditures made during calendar year:
 (Line 4 added to Line 5 should equal Line 6) \$ n/a

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:

From January 1 through June 30?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
From July 1 through December 31?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		NA <input checked="" type="checkbox"/>

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:

From January 1 through June 30?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
From July 1 through December 31?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		NA <input checked="" type="checkbox"/>

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes No

If the answer to Number 9 above is YES, complete Schedule B and attach.

EXECUTIVE LOBBYING EXPENDITURE REPORT

III - Veris
 Executive Lobbyist Registration No.

10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

- 1) a. Name of Department Dept. of Health & Hospitals
- b. Total of all expenditures made January 1 through June 30: \$ 188.48
- c. Total of all expenditures made July 1 through December 31: \$ n/a
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____
- 2) a. Name of Department _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Department _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

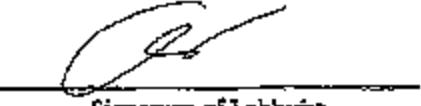
11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency.

- 1) a. Name of Department and Individual Agency: Dept. of Health & Hospitals - Any hospital/ institution/ developer Center and the supervisor #7:
of DHH shall be contracted to our agency.
- b. Total of all expenditures made January 1 through June 30: \$ 188.48
- c. Total of all expenditures made July 1 through December 31: \$ n/a
- d. Total of all expenditures made during the calendar year: \$ _____

- 2) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist